

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE 031502	2. PERSON REPRESENTED JAMES C. WICKWIRE		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR 00-008-003	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S.A. v. JAMES C. WICKWIRE.		8. PAYMENT CATEGORY X Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED X Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) SR

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
Representation of defendant in matters pertaining to Supervised Release revocation (Original Counts of conviction – Count 1 --18:371.F; Count 5 - 18:922.J.F and 18:924.A.F)

1 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS

Samuel Reich, Esquire
1000 Koppers Building
436 Seventh Avenue
Pittsburgh, PA 15219-1827

Telephone Number : (412) 391-3700

INAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

13. COURT ORDER

X O Appointing Counsel C Co-Counsel
F Subs For Federal Defender R Subs For Retained Attorney
 P Subs For Panel Attorney Y Standby Counsel

Prior Attorney's _____
Appointment Dates: _____
Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
 Other (See Instructions)

s/Maurice B. Cahill, Jr., United States District Judge

Signature of Judicial Officer or By Order of the Court

January 8, 2007

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. YES NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

	CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In	a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)					
	(RATE PER HOUR = \$) TOTALS:					
16. Out of	a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets)					
	(RATE PER HOUR = \$) TOTALS:					
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
TO: _____

20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this
representation? YES NO If yes, were you paid? YES NO

I swear or affirm the truth or correctness of the above statements.

Date _____

Signature of Attorney _____

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE